

Registration Information

Fee includes all materials, handouts, tram rides, and parking. Enrollment is limited. If you enroll in and pay for all three seasons you receive a 10% discount. Children may indicate their choice of partner. In order for us to honor requests, partners must be the same age.

Mail your registration form and payment to the Children's Gardening Program, The New York Botanical Garden, Bronx, NY 10458-5126. **Payment must be received at least two weeks prior to start of program.** Please make checks payable to The New York Botanical Garden. Those paying by credit card may also register by phone at 718.817.8181 or fax at 718.817.8829 (Attention: Children's Gardening Program).

Scholarships

Those needing financial assistance are encouraged to apply for scholarships, which are provided through the generosity of the Rebecca Sealy Mallory Foundation. Partial scholarships are awarded on a first-come, first-served basis. The balance of payment must be received at least ten days prior to start of program. Call 718.817.8126 for an application.

Family Fun at The New York Botanical Garden

The Howell Family Garden has free family programs every afternoon (April–October, Tuesday–Sunday, 1–5:30 p.m.). Programs have a different theme each month and include fun gardening activities and take-home crafts for the whole family. For more family activities, visit the Everett Children's Adventure Garden, a 12-acre indoor/outdoor museum where children learn science in a fun and engaging way. For more information on Family Garden Programs, School Programs, or the Everett Children's Adventure Garden, call 718.817.8181 or visit www.nybg.org.

Programming in the Ruth Rea Howell Family Garden, including the Children's Gardening Program, is supported in part by the generosity of the Lillian Goldman Charitable Trust, Amy P. Goldman, Ph.D., and the Marion Moore Foundation.

 **Bristol-Myers Squibb Company** is the Principal Underwriter of Science Education at The New York Botanical Garden.

Children's Education
Where Young Minds Grow
www.nybg.org • 718.817.8181



Child's Name _____ Age _____ Birth Date _____ Male or Female _____

Garden Sprouts for children ages 3–5 and a guardian. Please circle your section and season selections and fill in the appropriate fees.						
Season	Section				Fee (Member)	Fee (Non-Member)
SPRING	A	B	C	D		
SUMMER	E	F	G	H		
FALL	I	J				

Child's Name _____ Age _____ Birth Date _____ Male or Female _____

Garden Crafters for children ages 6–12. Please indicate your season selections and fill in the appropriate fees.		
Season	Fee (Member)	Fee (Non-Member)
SPRING		
SUMMER		
FALL		

Total	
<i>Less 10% if enrolled in all three seasons</i>	
Total Amount Due	

Partner preference (for Garden Crafters only) _____

Guardian name(s) _____

Address _____

City _____ State _____ Zip code _____

Home phone _____ Other daytime phone _____

Are you a Garden member? Y/N _____ Current Garden membership number _____

Payment method: Check Money order Visa MasterCard

Card number _____ Expiration date _____

Name as it appears on card _____ Signature _____

- Check here if child has medical or other concerns that we should know about.
- Please send a Children's Gardening Program scholarship application. No payment is enclosed, but I have completed the registration form.
- Please enroll me as a Garden Member:
 - \$60 Individual
 - \$90 Family
 - \$60 Senior Citizen

Cancellation Policy: A full refund, less a \$5 administrative fee, is given for withdrawals at least 10 business days before the program begins. Withdrawals after this time and through the first session are charged for one session plus administrative fee. Refunds cannot be processed for withdrawal after the second session.